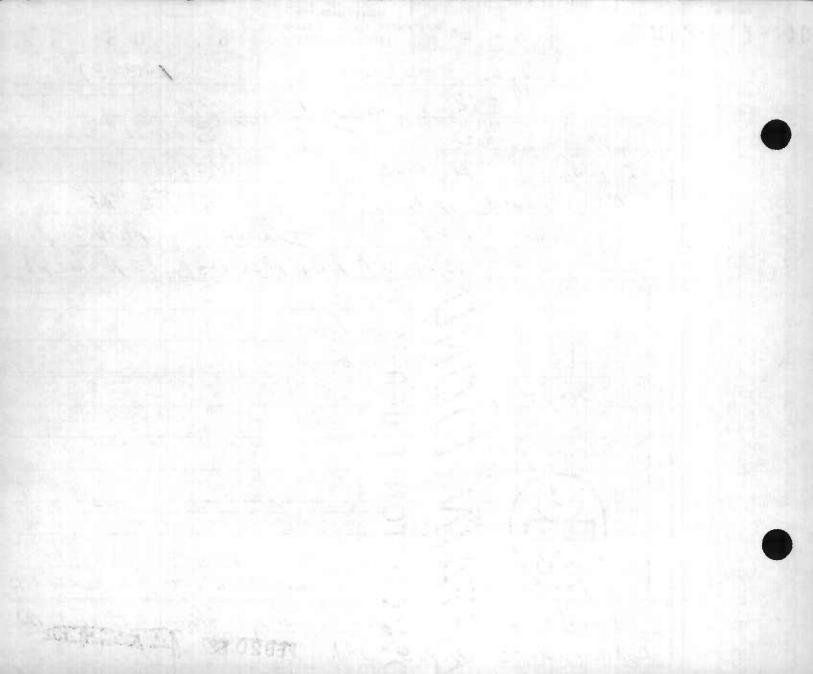
	1				STATE OF M	ARYLAND		1	
1 L L S O I FER 20	97	FOR STATE		DEPARTM		AND MENTAL HYG	IENE	n 100	
144001 1102	1	REGISTRAR			CERTIFICATE	OF DEATH	B REG. N	o U S	7 4 6
		CEASED NAME	0	MIDDLE	/ LAST		2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
oy be oge 3 deoth	(TAb)	OR PRINT)	ugh	A.C	len			1-3/-	871 "
Your de de	3 SE	× /	IL PACE		5. DATE OF BIRTH	1	6 AGE (IN YEARS LAST BIR	THOAY] IF UNDER	R 1 YEAR IF UNDER 24 HR5
oge 4 r rector. urs affe		MU	B	(K	MONTH	20 1588	78	YRS.	DAYS HOURS MIN.
oth. Po		RTHPLACE (STATE OR FOREIGN	1	SA		SEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	
thin thin	110 C	DY OR OWN OF DEATH	-	HOSPITAL, NURSING	WIDOWED TH	DIVORCED ER INSTITUTION	120 USUAL OCCUPATI		MD. KIND OF BUSINESS OR
by the		HR. ANNE	(IF NOT IN SUC	CH FACILITY, GIVE STREET AS	ORESS)		(TYPE OF WOOD FOR MOST OF	F WORKING LIFET IND	USTRY
4 hourstoned in id be	USU. 13a	AL RESIDENCE (IF NURSING HOME TATE 136 COL				ISIDE CITY LIMITS?	130 STREET ADDRESS	X43 By	143
AND in 24 in 24 should should			MARBAU	TR ANI				ANNE III	di dela S
BALTIMORE, MARYI cote by executed with system and completel opers. Pages 1 and 2 vol.	14. FA	THER'S NAME FIRST () (())	MIDDLE	Allan	15. MC	FIRST NAME OF THE PROPERTY OF	ANA	Allan	LAST
RE, Incol			RMED FORCES?	166 SOCIAL SECUR	ITY NO. 17. INI	FORMANT	ADDRE		/ 1
TIMOI S. Pogo		YES NO OK UNKNOWN)	IVE WAR OR DATES]	221-01-0	367 1	MARY Alla	EN R+3 BO	163 K	ANNE md
BALT are bares		18. CAUSE OF DEATH (Enter	only one couse per		F 1	-1		Bi	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ST.,		PART I. DEATH WAS CAUS	ATE CAUSE (o)	caudi	prasular	co ligose			
		S. Paragetel	DUE TO, O	R AS A CONSEQUEN		1			
PRESTON he death on the ottendin marion, or r traumotic		Conditions, if ony, which gove rise to immediate	(b)_	res	accion to	allive			
- + + - 0 0		couse (a), stating the	DUE TO, O	R AS A CONSEQUENT	ICE/OF :	. 11		1	
201 W		underlying couse lost	101						
	NO	PART 2 OTHER SIGNIFICANT	1 1/1 1/1	ONTRIBUTING TO DI	ATH BUT NOT R	ELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN F	ART IIo
RECORDS. low requirement. There is prior to be sony injury.	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH C	PERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
	E						YES T NOT	YES T	AUSES OF DEATH?
FVITA JAN: Th physicio inficote laronsit of Hygie of Hygie	1 2	21g. ACCIDENT WAS UNDERLYING			21c H	OW INJURY OCCURR	ED (ENTER NATURE OF INJU		
OF V Clar Clar Sertific col-tr ntol H em 1		OR CONTRIBUTING CAUSE OF C		M. MONTH DAY	YEAR				
ON OF HYSKIA Ins certiff burnol-tr Mental or Item	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	211 LC	OCATION			
DIVISION OF VITAL NG PHYSKCIAN: The offending physicion offending physicion in the this certificote has the buriol-transif if hand Mental Hygiet in ond Mental Hygiet orked or liem 18 show	N.	WHILE NOT WHILE AT WORK	(AT HOME STI	REET FACTORY, OFFICE FAI	M, ETC)	STREET	CITY OR TO	WN COL	JNTY STATE
ENDR ral or ruse Health		220.1 certify that (I) (this has	. / .		9/15	19 60		. 19	, mai (we) losi
THE SPINE		sow the deceased alive of	ot Niew the body	after death	, ond that	in (my) (our) opinion o	leath occurred on the de	ote and hour and fr	om the couses stated
OR A DIRE	10	22b. SIGNATURE	7 0 11		DEGREE		1	.271	DATE SIGNED
4 4 4 4		N. Pa	Ul Dale	uchi No		ATTENDING PHYSICIAN	MEDICAL STATE	IAN 🗆	7/12/87
_ 0		226. PHYSICIAN'S NAME TYPE		1110	22e A	PORESS	1/-0	0	1 NIA 200
TO HOSPITAL etoined by 1 TO FUNERAL should be de with the Stote		S. PAUL C	AVENCY	MD		DIMERSET 14	EDICAL CENTE	K, I KINCESS I	NAME MANDE
7 5 7 2 3	230	BURIAL, CREMATION REMOVA	L 236 DATE			RY OR CREMATORY	23d LOCATION	- SOLINI	Y STAM.
BP		DUPIN	1-1-	-87	TRACK	Churches	y - VBNtz	N Sin	BKSRt 1810.
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	NERAL DIRECTOR	-	AODRESS 1		PER	0 1987	Jordan.	C. Comme
(AUV 13' #)	6	Hadir JA	m85	42. ANNE	- Ma	LED	40 1001 (



BP.

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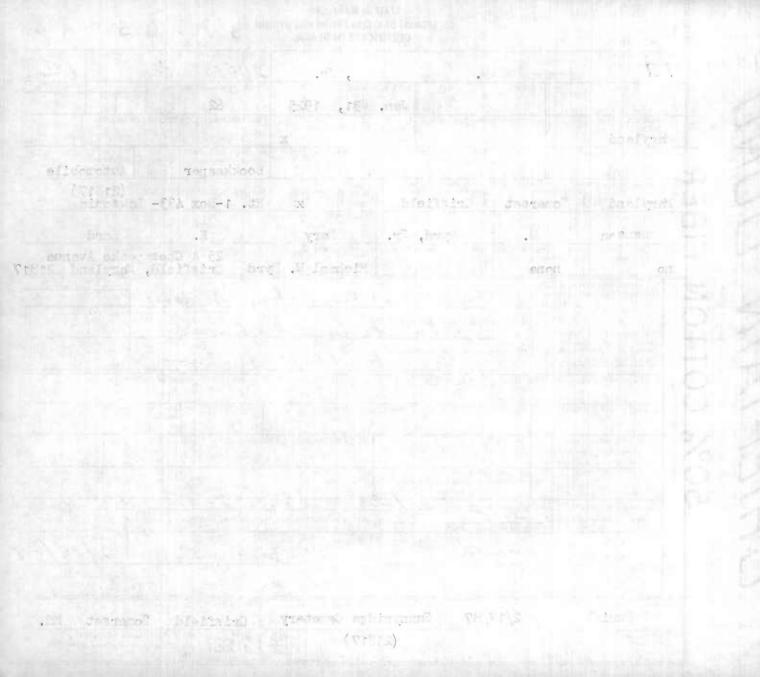
FOR

STATE OF MARYLAND

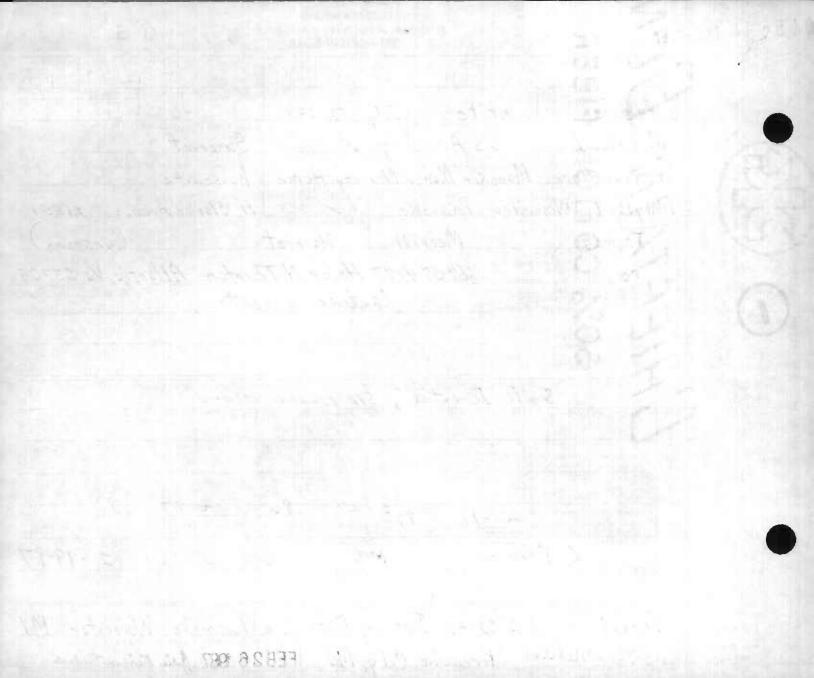
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	5	5 9

1'	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	o.	3	
	CEASED NAME	FIRST	٨	AIDDLE	L.	AST		20. DATE OF DEATH	MONTH	DAY YEAR 2	h HOUR
17	87	Bense	on I	V.	Ву	rd, Jr.		2/13/87	F		6-AN
3 SE	X		4 RACE		5 DATE C	DAY YEAR	R	6. AGE (THYEARS LAST BIR			HOURS MIN.
	Male		Whit		Jan.	31, 192		62	YRS		
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNT	TRY? 8 MARRIEI	NEVER MARRIED		9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
	aryland		USA		WIDOWE		40.00	Somer		1	MD
10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NU H FACILITY, GIVE S		R OTHER INSTITUTION	-	120 USUAL OCCUPATI	F WORKING LIFE	E) INDUSTRY	BUSINESSOR
	Crisfield ALRESIDENCE (IF NUR					n. Hospital		Bookkeeper		Automo	bile
130.	STATE	136 COUN	YTY	13c. CITY OR	TOWN	13d. INSIDE CITY LIMIT	TS?	13e STREET ADDRESS	ZIP CODE	(21817	')
	aryland ATHER'S NAME	Son	erset	Crisf	rield	YES NO K	DI DI DADI	Rt. 1-Box	433-	Lawsonia	
14 67	FIRST		MIDDLE	LAST	. a . a.	FIRST	IA IAWW	MIDDLE		LAST	
14- 1	Benson WAS DECEASED EVER	INITIS AD	W.	Byr	security NO.	Mary 17_INFORMANT		E.	55	Lord	
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)					25 A	Chesa	peake Av	enue
n	0	no	ne	218-2	0-7253	Michael W.	• By	rd Crist	ield,	Marylar	
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter or	ly ane cause per	line for (a), (b	i, and ic	1	-	4		BETWEEN ON	ATE INTERVAL
CERTIFICATION	190 DATE OF OPERA					NOT RELATED TO THE	ETERMIN	200 AUTOPSY?	206 IF YES	S, WERE FINDING	
RTIF								YES NO	YES	S 🔲	NO 🗌
MEDICAL CE	210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DE	HOUR A.I	M. MONTH M.	DAY YEAR		CCURRE	D (ENTER NATURE OF INJU	ET IN ITEM 18 P	ART I OR PART 2)	Vye)
MED	WHILE NOT WAT WORK	нке 🗇	21e PLACE (OF INJURY EET, FACTORY, OF	FICE, FARM ETC 1	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	220. I certify that (I sow the decease	ed olive on) / /	5	0-	nd that in (my) (our) op-	87 Dinion de	eath occurred on the de	ate and have	19 7, the	at (we) lost juses stated
	226. SIGNATURE	the	ude.			DEGREE ATTENDIN PHYSICIA	ING A	MEDICAL STAI	f IAN 🗌	27x DATE S	IS/P
	Dr C		ddlestor			25 Broad	d St	., Princes	s Anne	e, Md.	
230	BURIAL, CREMATION (SPECIFY) Burial	REMOVAL	to the property of the same of the same			emetery or cremate		23d LOCATION CITY OR TOWN Crisfiel	.d · S	omerset	Md.
	UNERAL DIRECTOR NAME Bradshaw &	Sons	, Main S	St., Cr	isfield	817) , Md.	EEB	1 7 1987	250 REGIST	RARESIGNATUR	RE LOUIS



1 10 0 0	1			STATE OF MARYLAND		
45834 MAR-	4 0	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 13 7 C	E 3 2 2
. o o o a tivili -	1 5	STATE		CERTIFICATE OF DEATH	3 / 0	3 / 1
		" REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. D	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
8 74	§ 1A1	PE OR PRINTI	marcill	11	0 1	7 27 1 1
4 60	-	bertie,	Merrill	HORE		1 OII DM
6 03	3 SI	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
7 25		Gamela	1116 +	MONTH DAY YEAR	00	MONTHS DAYS HOURS MIN.
0 11	1	Temale	While	13014 30, 1846	90 YRS	
12 3/1	70. E	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 15 37	71 /	Valational	1/00		Some	
7	100	INVIGNO	11 NAME OF HOCOUTAL AND OF	WIDOWED DIVORCED	Jonersel	MD.
13 25 6//	74	ITY OR JOWN OF DEATH	AN NOT IN SUCH FACILITY GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE/OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
5 3 3 70	11:	ringer Anna	Mark: Men	Aluxia Homa	1 1	THE COURT
2 1 1 1 1 -	100	IAI PESIDENCE LE NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	r Ivarsing Haine	I nousewite	
2 2 2	13p	STATE / NA COL	INTY / 13 FITY OR TOY	N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	
Z 2 25 TC	ABY	lawyland Who	reester Pocomot	YES A NO T	11 Clarko Aila	nue 21851
2 1 10 1	- 11	ATHER'S NAME	CEST CF HOOFMUT	15 MOTHER'S MAIDEN NA	AME	21651
8 7 15/2	AT.	FIRST	MIDDLE AA LAST	FIRST	MIDDLE	LAST
2 2 1/4/	W.	Ihomas	Merri	11 HarrieT	-	(Unknown)
# 5 5 5	16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECT	JRITY NO. 17 INFORMANT	ADDRESS	COENESWA
0 1 70 7			IVE WAR OR DATES)	1/1 1/-	1 / / / /	1. 11
2 1 11 11		na	264-07-	4/73 Helen H. 1	pornton Ittion	tic. Va 23303
The state of the s			shu see sauke eer hee fee to be the see	4	707707	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
m 1 2 5 1 1		PART I. DEATH WAS CAUS	inly ane cause per line for (a), (b), ar ED BY:	Pa dias	1	BETWEEN ONSET AND DEATH
to a Lat I	4 5		ATE CAUSE (o)	course for	iesi	
2 6 6 1 2	10	NO STATE OF THE PARTY OF				
8 1 10 1 1		Name of the second	DUE TO, OR AS A CONSEOU	ENCE OF		
A 2 2 2 2 2		Canditians, if ony, which	(b)			
E 2 2111		cause (o), stating the	DUE TO, OR AS A CONSEQU	ENICE OF		
* 5 A 5 5 E		underlying cause last.	DOE TO, OR AS A CONSEGO	ENCE OF		
6 4 555			(c)			
2 2 2 2	12	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1ta
0 5 17 2 5	18	1	enill Dementia	s. SID renter	any	
8	7 5	19 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES	S, WERE FINDINGS USED
# 1 11 2/	9	THE BATE OF GLEANION	The Condition Tox Willer	OF ERATION WAS TERFORMED		YING CAUSES OF DEATH?
7 10 20 1	1					S NO N
E 38 88827	3	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 21
五 多音 新手专用	1 ×	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR		
9 49 1111/	15	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
0 50 100	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
S C C C C C C C C C C C C C C C C C C C	2	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE.	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
NO SE		WHILE NOT WHILE		- 0.	3.90	47
90 7 19 1		220 I certify that (I) (this hasp	oital) attended the deceased from_	0-2-2/ 1906	10 21/	19, that (1) (we) last
\$ 5 0 ST		saw the deceased alive a	16 19	and that in (my) (our) opinion	death accurred an the date and hav	
4 8 HP 2 H		abave, (1) (we) (did) (did n	at view the bady after death	<u> </u>	are in account of the date and has	and from the causes stated
A September 1		226 SIGNATURE	too	DEGREE		274. DATE SIGNED
74 755		61	april 1	ATTENDING.	DIRECTOR PHYSICIAN	7-19-47
14 8 8 8 8 - 1	H	22d. PHYSICIAN'S NAME TTYPE	4'		DIRECTOR PHYSICIAN [12/11/
HOSPITAL FUNERAL Uld Se dero Se the Soote ORTANT:		THE THIS COME THE	- V	22e ADDRESS		
54 54134	22-	BURIAL, CREMATION, REMOVA	1 225 DATE 122	NAME OF COMETERY OR COST	1224 LOCATION	
	130	IPECIFY)	1 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY / SIMA
BP		DUFIOL	6/20/87 13	ethony Meth Cer	11/ /- 14	brastor Mil
	24 F	UNERAL DIRECTOR	7 - 7 - 7 - 7		TE REC'D. BY REGISTRAR 256. REGIST	PAR'S SIGNATURE
DHMH - 16 60M 7/B4	10	my mela	ADDITESS	a.1 M1		A. J. SIGITATORE
10.400.0.000.00		1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L. L.			
(VRA 15, 4)	13	(2) 3///	OCODIO NE	City IIId. IFF	126 1987 Alia No	ordern. Pandallo



45234 FEB	8 :	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 7	0	5 9	4 5
moy be poge 3 er deoth		CEASED NAME FIRST	beth An	ne F	lorse	eman	Peb.	19, 198	B7	26 HOUR 12:10 F
ge 4 mo) ector, po	3. SE	x Female	4. RACE Whi	te	5. DATE O		6. AGE (IN YEARS LAST BH	RTHDAY) IF UI MONT	THS DAYS	IF UNDER 24 HRS HOURS MIN.
th. Pos		RTHPLACE (STATE OR FOREIGN COUNTRY) Md	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DIXNEVER MARRIED	9. BALTIMORE CITY OF Somerse			MD.
. 11100		try or town of DEATH		HOSPITAL, NURSIN CHEACHTY, GIVE STREET,		1816	HOMEMAKE:	ON DE WORKING LIFE)	126. KIND OF INDUSTRY	F BUSINESS OR
AND 212	USU 13a	AL RESIDENCE (IF NURSING HOLSTATE Md. 1350	ouniverset	13c. GIV OR JOW		13d. INSIDE CITY LIMITS? YES NO	Main Road		21816	
MARYLL # # # MARYLL	14. F/	ATHER'S NAME Dennis	WIDDIE	Jones		IS MOTHER'S MAIDEN N Margaret	Mai	ndanyol	hl LAST	
IMORE, on and co Pages		WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	220 -26-		H.Irvin H	ADDR lorseman	Main Chance	Road	21816
N ST., BAL Errificate The physicial Compoper's Femoral.		18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA IMME	DIATE CAUSE (0)	- Vengina	109 10	ulve			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low require the certificate be executed within 2 hours of other dring physicion and completely filled in the certificate has been signed by inscrining physicion and completely filled in the ask he buriol-tronsit permit. Then plus the componence, pages I and 2 should be fill the and Mental Hygiene prior to burior.		Conditions, if ony, whic gave rise to immediat cause (a), stating th underlying cause las	b (b)_ e DUE TO, C		State LIONGO	/ceoispasorlomo	kes .			
TAL RECORDS, 2 The low require ciron. The hos been signs for hos been signs grene prior to buy shows only injury,	CERTIFICATION	PART 2 OTHER SIGNIFICA				NOT RELATED TO THE TER	200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFY IN	ERE FINDING	GS USED
//SION OF VITAL S PHYSICIAN: The trending physicion re this certificate to the buriol-tronsit and Mental Hygie ced or frem 18 sho	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTHY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK AT WORK	MINER) HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F.)9	211 LOCATION 51REET	RRED (ENTER NATURE OF MILL		(OUNTY	STATE
DIVISION OR ATTENDING POR ATTENDING POR POSSIBLE OF ORDER OF After the Cheek for use as the Dept. of Health and them 21 is marked		22a. I certify the (1) (this is as the deceased olive above, (1) (we) (did) (d	nospital) attended t		87. a	nd that in (my) (aur) apiniai	, to 2/20 n death accurred an the d	ate and hour an		
HOSPITAL bined by the bined by the FUNERAL bull be detern the the Storie PORTANT: I		22d. PHYSICIAN'S NAME, (and /	ewhi No		ATTENDING	MEDICAL STA DIRECTOR PHYSIC COOL CENTER	CIAN	2/0	EX AME
₽₽ ₽₽3 3 /	23a. I	BURIAL CREMATION, REMO	236. DATE 2/22/	'87 Ro		emetery or crematory ceek Cemete	ery Chanc		OIN .	Μď.
DHMH - 16 50M 4/83 (VRA 15, 4)	-	UNERAL DIRECTOR NAME POY G. Web	ster F	Rt.3 Berincess		C107) Middle	AJE REC'D. BY REGISTRAN		R'S SIGNATU	



368	h 1	1 - FR	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5 9 4 6
page 3		ITYPE	CR PRINT) Clara	M.	Pomeray	26 DATE OF DEATH MONTH	05 87 11 45 M
offer p		3, SE	Female	White	5. DATE OF BIRTH MONTH DAY 1899	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS MIN.
100	69	76 81	lew York	2. S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Somerse	t MD
Dall of	20	B	nces Anne	MNOT IN SUCH PACIFITY, GIVE AND	appress) Toysing Home	120 USUAL OCCUPATION (14PEL) WORK FOR MOST OF WORKING L	126, KIND OF BUSINESS OR INDUSTRY
and the state of t	影	130 5	Md Some	set maces	WNA 13d INSIDE CITYLIMITS?	13e STREET ADDRESS / ZIP COD	21853
ond 2	90	1	THER'S NAME	Muller	15 MOTHER'S MAIDEN NA	MIDDLE 13 ra	ndenberg
And ord or	/		VAS DECEASED EVER IN U.S. ARMET TES NO COLUMNOWN) (IF YES, GIVE WA		9960 Mrs. Robert	Pinto Jr. Pr	INCEST Annel
physics on poper	event, th		18 CAUSE OF DEATH lEnter only o PART I. DEATH WAS CAUSED 8' IMMEDIATE C	(n)	and c -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	anna		Conditions, if any, which	DUE TO, OR AS A CONTE	yence sted skin	- wond	2 days
1	/	h	gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQ	WENGE dementia		
Than by	injuryo	NOL	PART 2 OTHER SIGNIFICANT CON	ditions <u>contributing</u> to	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	VEN IN PART 1 a
P. No. lies	2	(TIFICA)	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	MCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ESNO
	9	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
offerda for this is the bu- hand M.	orked or	MEDI	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR A If the site of Health	(21) (cm)		220.1 certify that (1) (this hospital) saw the deceased alive an above, (1) (we) (did) (did not) vi	19		death accurred an the date and ha	, 19, that (I) (we) last our and I am the causes stated
At OHE described	di a the		226. SIGNATURE C Heg	-	DEGREE ATTENDING PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN	27. DATE SIGNED 2-5-87
O Funds	PORTAN		224 PHYSICIAN'S NAME ITHE	MI)	22e ADDRESS		
2 5 5 5	2	730 3	IDIAL CREATATION PERCUAL TO	Th DATE 122	NAME OF CEMETERY OR CREMATORY	Tage LOCATION /	

DHMH - 16 60M 7/84 (VRA 15, 4)

Dinner Phillie Anne Med

Ferryle White John 1 1879 1687 The No York No Samuel Francis Arne Bruking Noner Norm Har Harrison Land Julius Miller Cironne Shedaden Debet & CVI From 21818 RANGE STORY STORY was the state of t

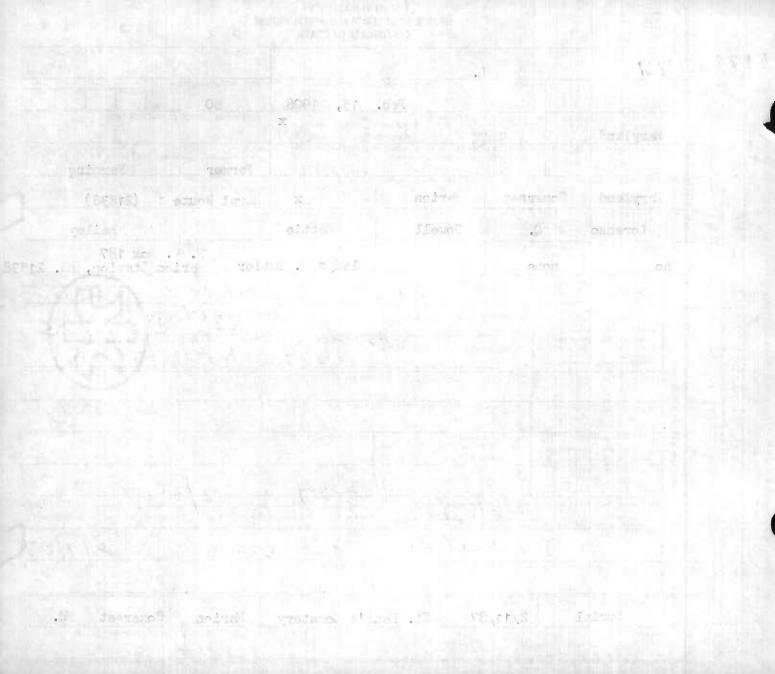
STATE OF MARYLAND

3	REG. NO.	0	5	9	ding
	REG. NO.				

	1 -	STATE REGISTRAR			DEPART		ICATE OF DEATH	HYGIENE	8 / REG. N	0	5 %	4	
-		CEASED NAME	FIRST	,	AIDDLE	t	AST	20 DAT	E OF DEATH	MONTH	DAY YEAR	2b HOUR	
E)]	7 87	Ches		I.	V	well			2-6-		2:50р м	
	3. SE	X	4	RACE		S. DATE C		6. AGE	(IN YEARS LAST B	RTHDAY)	MONTHS DATS	HOURS MIN.	
П	7	Male		White		Feb.			80	YRS	MONTHS DATS	HOURS MIN.	
-		RTHPLACE (STATE ORF	OREIGN 7		WHAT COUNTRY?	1	.,, .,	O DALT	IMORE CITY		OF DEATH		
		Mo mar I a md		110			D NEVER MARRIED			_			
-4	_	Maryland ITY OR TOWN OF DEA	Tu i	USA		WIDOWE	DIVORCED OR OTHER INSTITUTION		Somerse		Tial Main C	DF BUSINESS OR	
7	10 (1	IT OK TOWN OF DEA			H FACILITY, GIVE STREET		OK OTHER INSTITUTION		WORK FOR MOST				
1		Crisfield					m. Hospital	Fa	rmer		Farm	ing	
5	13.5	AL RESIDENCE (IF NURS	13b. COUNT	other institution.	GIVE RESIDENCE BEFOR	/N:	134 INSIDE CITY LIMITS		eet ADDRESS		(21838)	
5	14. FA	THER'S NAME					15. MOTHER'S MAIDEN				(2)0		
)		Lorenzo	1	Q.	Powel1	1	Hettie		MIDDLE		Bai	ley	
1		VAS DECEASED EVER		ED FORCES?	16h SOCIAL SECU	JRITY NO:	17. INFORMANT	Acres 100	ADDI	D De	x 187	W	
	1115000	O	no		220-32-	9263	Gladys F.	Butler	Mo	nton S	tation	. Md. 218	21
	NOI	Conditions, If any, gave rise to imm course to that in underlying course PART 2 OTHER SIGN	nediate a the last	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TI	ERMINAL DIS	EASE OR COM	DITION GIV	EN IN PART 1	gyre grs	
1	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a /	AUTOPSY?	IN CERTIF	S, WERE FINDE	NGS USED S OF DEATH?	
7		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH D.	AY YEAR	21c HOW INJURY OCC	100				NO []	
	MEDICAL	214 INJURY OCCURR	ILE 🗆	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR TO	own I r I c	COUNTY	STATE	
		220.1 certify that (1) saw the decease	d alive an	410	18 119	, or	nd that in (my) (adr) apini	on death occ	turred on the c	late and how	r and Iram the	that (I) (we) last couses stated	
		22b. SIGNATURI	1.0	. Ba	wha	n	MI DATTENDING	G MEDIC	CAL STA	AFF CIAN [22c DATE	SIGNED 87	
		Dr. M. R		PRINT			22e ADDRESS Rt. #41	3 Cri	sfield	Md.	21817	1.	
		JURIAL, CREMATION,		23b DATE	23()	NAME OF C	EMETERY OR CREMATOR		OCATION	114.	2.10.17		
		SPECIFY) Buria		2/11/			l's Cemeter		arion	Som	erset	Md. STATE	
	24 FL	INERAL DIRECTOR		, , , ,		200					RAR'S SIGNAT		
	-	NAME		93.0	ADDRESS				4 17 40	9			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTE 9:28 Feb. 1987 D. PRICE DELMAS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3 SEX Sept. 29, 1904 Male White 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED SENEVER MARRIED U.S.A. Maryland Somerset County WIDOWED DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Crisfield Home- 306 Myrtle St. Seafood Waterman BALTIMORE, MARYLAND 2120 SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS Somerset Crisfield 306 Myrtle St. (21817)Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Alday Ella Hopkins G. Price C. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes W. 218-44-0785 Attie C. Price Same as 13 a.b.c.d.e APPROXIMATE INTERV 18 CAUSE OF DEATH (Enter only one couse per line for jo), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from_ saw the deceased alive an. _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) d b M. Barhan, M.D. Crisfield, Md. 21817 ŧ 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 2/7/87 Sunnyridge Cemetery Somerset Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE DHMH-16 30M 2/B0 Bradshaw & Sons

Crisfield. Md.

21817

(VRA 15, 4)

STATE OF MARYLAND

and the same of th Alle Cart Co. Jack adding the selfder ent (Miles) . P. allered Co. . x | feither | 2 march | hadred $1, \dots, 1$ and $1, \dots, 1$ and $1, \dots, 1$ and $1, \dots, 1$ x - x - x - x M. Herman, J. J. Barrer, March 19, 12, 21917 M. Harden, M. 21917 M. State M. 21917 M THE SAME STATE OF THE STATE OF remines with the contract of the water

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 rould be detached for use as the burial-transit ith the State Dept of Health and Mental Hygie TO FUNERAL DIRECTOR. After

rector, page 3 urs after death

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 REG. NO.	U	2	,		1
20 DATE OF DEATH MONT	H 0	5-2	87	26 HOU	18/3/
AGE (IN YEARS LAST BIRTHDAY		IF UNDE	RIYEAR	IF UNDER	24 HRS
01	M	ONTHS:	DATS	HOURS	M IN

0 = 0 0 9

1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	t.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TIPE OR PRINT)	Mary	A.	Pri	ce		2-15-	-87	2,431 N
3 SEX	4. F	RACE	S. DATE C		6 AGE IN YEARS LAST BIR	HDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
Female	10-34	White	Non	h 6. 1905	8	YRS MON	THS: DATS	HOURS MIN.
To. BIRTHPLACE (STATE C	R FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
Marylana		USA	WIDOWE		Somer	set		MD
10. CITY OR JOWN OF D	ATH 11.	NAME OF HOSPITAL, NURS		R OTHER INSTITUTION	120 USUAL OCCUPATI	ON		F BUSINESS OR
Crisfield	1	Edw. W. McCrea		. Hospital	(TYPE OF WORK FOR MOST O	F WORKING LIFE]	INDUSTRY	
	RSING HOME OF OTH	ER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)		1			
Mary land	13b COUNTY	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	0	070
M FATHER'S NAME	SCIEPES	el librio	<u>n</u>	15 MOTHER'S MAIDEN NA		K 1 10	del	838
FIRST	MIDO	L. Lyst	1	A FIRST AL	MIDDLE		IAS	57
160 WAS DECEASED EVE	W	Ward	<u> </u>	MEINTHO	/V.	ec . 3)	Eva	n5
(YES NO OR UNKNOWN)	(IF YES, GIVE W		CURITY NO.	17 INFORMANT	2 Koures	1, Box 1	141	
no		217-03	3-7380	William F. K	rice Mario	2. Mid 3	2183	9
18 CAUSE OF DEA	TH Enter only o	ne couse per line for (a), (b),	ond (c	1 1		100	BETWEEN	MATE INTERVAL
PART I. DEATH	WAS CAUSED B IMMEDIATE C	L DATE LAN	rama	of Pallo	2000		1	Yn
DE THE PROPERTY		DUE TO, OR AS A CONSEC	LIENCE OF				100	
Conditions, if or	y, which	(b)	JOEINCE OI					
gove rise to in	nmediote	(0)						- War I Tray I
underlying cou	~	DUE TO, OR AS A CONSEC	DUENCE OF					
DART 2 OTHER SW	SUBJECANT COS	NDITIONS CONTRIBUTING TO	CONTRACTOR	NOT BELATED TO THE TERA	AINIAL DISEASE OR CONI	DITION CIVEN	IN LOADT 1.	
NO DATE OF OPER	1) whe	et me	Kelles	P RECAILED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART III	0
190 DATE OF OPER	ATION	196 CONDITION FOR WHIC	CH OPERATIO	WAS PERFORMED	200 AUTOPSY?	206. IF YES, W		
E .					YES NO	YES [NO [
O LIN		216. TIME OF INJURY	DAY VECT	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I	OR PART 2)	
OR CONTRIBUTING		HOUR A.M. MONTH	DAY YEAR					
21d INJURY OCCU		21e. PLACE OF INJURY	19	211 LOCATION	1000000	12.0		

ARREST AT INCOM HER WHILE

(our) opinion death occurred on the date and hour and from the causes stated and that is

DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING

Dr. James Sterling 230 BURIAL, CREMATION, REMOVAL

Main St., Crisfield, Md. 23 NAME OF CEMETERY OR CREMATORY

21817

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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MPORTANT

Watson & Melson, Pocomoke, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF THE STATE Fry Sad Landon Harden

Chance (If NOT IN SUCH FACILITY, GIVE TREET ADDRESS) FOR MOST OF WORKING LIFE) OR I	YEAR 2d. HOUR.
Grace N. Travers Cance N.	987 8150M YEAR 2d. HOUR 1987 11 PM
Grace N. Travers DEATH MATED Feb 2419 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY WONTH DAY MONTH DAY MONTH DAY MONTH DAY MONTH DAY WOOND Feb 2419 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland WIDOWED Maryland WIDOWED Somerset 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 10. CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 10. CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 127. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 128. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 129. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 130. CITY OR TOWN OF DEATH 126. WIND 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 140. CITY OR TOWN OF DEATH 126. WIND 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 150. CITY OR TOWN OF THE PROPERTY 126. WIND 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 150. CITY OR TOWN OF DEATH 126. WIND 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 150. CITY OR TOWN OF DEATH 126. WIND 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 150. CITY OR TOWN OF DEATH 126. WIND 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 150. CITY OR TOWN OF DEATH 126. WIND 126. USUAL OCCUPATION (TYPE OF WORK 126. KINE OR I 150. CITY OR T	YEAR 2d. HOUR 1987 11 PM
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Chance (If NOT IN SUCH FACILITY, GIVE TREET ADDRESS) FOR MOST OF WORKING LIFE) OR I	
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The Country has country has constructed by construction of the country has been seen as a second of the country	
Maryland Somerset Chance YES X NO P.O. Box 25	8/6
11. FATHER'S NAME	ST
Tankersley Lottle Gladde	n
YES NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES	
No 218-34-7961 Thomas Travers Jr. Chance.	
BETWE	ROXIMATE INTERVAL EN OBSET AND DEATH
IMMEDIATE CAUSE (o) OUE TO, OR AS A CONSEQUENCE OF	1
Canditions, if ony, which gave rise to immediate (b) ASC-VD	ears
cause (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF	
lying cause last. (c)	
MMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (o) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS UNDERLYING OR VERY ONLY OF STREET CITY OR TOWN 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Tid. INJURY OCCURRED WHILE NOT WHILE 12b. PLACE OF INJURY (AT HOME. STREET) STREET, FACTORY, FARM, ETC.) 21c. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AU YE 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21. AU YE 21. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 PART 1 OR PART 2) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21. STREET CITY OR TOWN COUNTY	
The Condition for which operation was performed?	JTOPSY?
YE 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 16 PART 1 OR PART 2)	s NO
YE YE YE YE YE YE YE YE	
216 PLACE OF INJURY (AT HOME. 211. LOCATION	
TIE. INJURY OCCURRED WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.) 216. INJURY OCCURRED WHILE NOT WHILE AT WORK STREET CITY OR TOWN COUNTY 220. Location than book above of the consequence of	STATE
216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME. 216. DOCATION STREET CITY OR TOWN COUNTY AT WORK AT WORK 226. I certify that I taak charge at the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion	
22e. I certify that I took charge of the remains described above, held an Autapsy I, Inspection I, Inquiry I, and in my apinion death resulted fram: Platural causes Agaident I, Suicide I, Hamicide I, Undetermined manner I,	72. 17
TITLE (SPECIFY)	lado
ACTUAL SIGNATURE SIGNED DATE SIGNED DATE SIGNED	174/87
EXAMINER'S NAME (TYPE OR PRINT) ADDRESS	
1 7 1 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1	STATE Md.
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATUR	RE
(VR A15 ME (5)) June & Home GOORESS Rame and MAR O 2 1987 Julia Dividion-Rose	

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH DECEASED NAME 10:05 (TYPE OR PRINT) February 24, 1987 MYRTIE TYLER A. & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX 4 RACE Jan. 1892 White Female BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland Somerset County DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Crisfield McCready Memorial Hospital MARYLAND 2120 Somerset 130. STATE 13d INSIDE CITY LIMITS? 232 N. Somerset Ave. (21817) Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Dora Thorne George Evans ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATEST Blanche Kellam Same as 13 a,b,c,d,e 214-30-7835 none no 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: PRESTON ST. IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from_ saw the deceased alive an abave, () we) (did) (did not) view the bady after death and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated 22c. DATE SIGNED 22b SIGNA DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN HYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS James A. Sterling, M.D. 320 W. Main St. - Crisfield, Md. 234. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) CITY OR TOWN 2/27/87 Sunnyridge Cemetery Buria1 Crisfield Md. Somerset 24 FUNERAL DIRECTOR BY REGISTRAR 25h, REGISTRAR'S SIGNATURE DHMH- 16 30M 2/80 Crisfield. Md. (VRA 15, 4) 21817 Bradshaw & Sons

STATE OF MARYLAND

Personal Value of the Assault of the Tantol Januaro - - elimentod dispersion felicinal dispersion filminate Programme Constitution of the State of the S Secret T. Total Mark T. The ne nome 112-91-1875 TT member Lealest Cape in 12 a, b, c, d, e 78/86/2 ---the recens sergers because there's the federal Control of the Paris of the Par ely filled in by the funeral director, page 3 2 should be filed within 72 hours after death

	ST	A	TE	OF	M	ARY	L	AN
DADTALEN					THE			

17 8	STATE REGISTRAR			DEPART	CERTIF	ICATE OF DEATH	H	B REG. NO	0	5	5	
	CEASED NAME	FIRST	,	MIDDLE	l.	AST		O DATE OF DEATH	MONTH DA		26. HOUR	
(IIII)	ORPRINI	Eliza	beth	V.	Wa	rd			2-20	-87	8:02	Ma
3 SEX	(1. RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BIR		FUNDER I YEAR		24 HRS
	Female		Whit	e	Aug.	00 404		66	YRS	ONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN 1	b CITIZEN OF	WHAT COUNTRY?	8		0	BALTIMORE CITY O		OF DEATH		
COUNTRY) MD				JSA MARRIED MEVER MARRIED WIDOWED DIVORCED				Somerset MD.				AAD
10 CI	TY OR TOWN OF DEA	ATH			NG HOME C	OR OTHER INSTITUTIO	N I	120 USUAL OCCUPATI	ON		OF BUSINES	MD.
	Gristield			H FACILITY, GIVE STREET	m Unanital		Housewife At Home					
USUA	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION.			m. Hospita	11 1	HOUSEWITE		I AU D	ome	
13a S	MD	136 COUN		13c CITY OR TOV		13d. INSIDE CITY LIM		Je.STREET ADDRESS		.172	D2 /0	4 d4 P
IA EA	THER'S NAME	Somer	set	Crisfie	TG	YES NO I			cksonv	/llle .	Rd./2	1817
14 12	FIRST		AIDDLE	LAST		FIRST		MIDDLE	2.00	LA	ST	
Carlton O.				Dize	LOVEY 17 INFORMANT ADDRESS				Mister			
160 V	VAS DECEASED EVER VES. NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT		R+ 2 -	Jackso	nvill	e Rd.	
	No	1		218-03-	9181	J. Warren	Ward	- Crisfie	ld, M	21	817	
	18 CAUSE OF DEAT			_	nd (c					BETWEEN	MATE INTERVIONSET AND D	AL DEATH
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	DUE TO, OR AS A CONSEQUENCE OF											
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	gove rise to imr cause (o), statir	ng the	DUE TO, OI	R AS A CONSEQU	ENCE OF							
	underlying cause last											
	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	ETERMIN	IAL DISEASE OR CON	DITION GIVE	N IN PART 1	a	
CERTIFICATION												
CAT	190 DATE OF OPERATION 196 CON			TION FOR WHICH	OPERATIO	N WAS PERFORMED				, WERE FINDINGS USED YING CAUSES OF DEATH?		
TIF								YES NO			15	
CER	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTION 2 CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR								Y IN ITEM 18 PAR	T : OR PART 2)		
AL	OR CONTRIBUTING	P./		MONTH DAT TEAR								
MEDICAL	21d INJURY OCCURRED 21e. PLACE OF			OF INJURY		211 LOCATION		Cuts on to	CITY OR TOWN COUNTY			ATE
X	WHILE NOT WHILE AT WORK AT WORK				OFFICE, FARM, ETC) STREET			CILAONIO	VIN	COUNTY	511	AIC
	220.1 certify that (1)		al) attended the	e deceased fram_	7	120 19	87	- to - 2	120,15	87	that (I) (w	e) last
	saw, the deceased give an 2/20 19 87 and that in (my) (gur) applied death accounted on the date and how and ham the country stated											
	above, (I) (we) (did) (did nat) view the bady after death. 27b. SIGNATURE DEGREE 27c. DATE SIGNED											
	ATTENDING MEDICAL STAFF											
	PHYSICIAN DIRECTOR PHYSICIAN 120 8								5 1			
	Dr. Jesus Evangelista Main St., Crisfield, Md.							Md. 21	21817			
22- D	1		100		NAME OF C	EMETERY OR CREMA						
138 8	UNAL CREMATION,		2/22/8					23d LOCATION CITY OR TOWN	C	COUNTY	- MD	ATE
24 E1	INERAL DIRECTOR		2/22/0	1 Jour	myric	lge Cemeter		Crisfield		nerset		
49 FL	MERAL DIRECTOR			A DODG .		7.	M. WATER	REC'D, BY REGISTRAR	IN KEGISTRA	AK'S SIGNAT	IURE	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the builal-transit permit. Then please remove carbompapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or the medical prior property, or other traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN. The Interpreted by the hospital or ottending physician.

BP.

(VRA 15, 4)

Bradshaw & Sons, Main St., Crisfield, Md.

0110-	1	FOR		OF MARYLAND		"/
044658 FEB		STATE		ALTH AND MENTAL HYG R'S CERTIFICATE OF D	4.4	5 9 5 3
	_	RÉGISTRAR CEASED NAME FIRST	MEDICAL EXAMINE	AS CERTIFICATE OF L	KEO. INC).
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32832	3. SE	Emily A RACE DATE	OF BIRTH 6. AGE (IN YEARS	Walers IF UNDER 1 YR. IF UNDER 24 H		
E STATE	10	MONTE	H DAY YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER 24 H	PRONOUNCED	MONTH DAY YEAR 2d HOUF
20075 77575		INTHPLACE (STATE OR 76 CIT)		62	DEAD X	-13 1967 11AN
- SHOES /		REIGN COUNTRY)	. I C	MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
TENSON OF	10 C	Tary and		VIDOWED DIVORCED	- Jomers	eT MC
ではいる。	1		ME OF HOSPITAL, NURSING HOME, O NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	PROTHER INSTITUTION 1720.	USUAL OCCUPATION (TYPE FOR MOST OF WORKING LISE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
とのからはまでし		cincess Hone	Jeftrey Lan	e	Retired	Social Service
ANY ANY POUR POUR POUR POUR POUR POUR POUR POUR	13a S	AL RESIDENCE (IF IN NURSING HOME OR OTHER IN TATE 13b COUNTY	13 CJTY OR TOWN	136. INSIDE CITY LIMITS? LISE.	STREET ADDRESS	2185
E 44858	IL	laryland I somer	set Frinces And		Jeffrey Lo	1000
A E-80	14. F	ATHER'S NAME MIDDLE	LAST	15. MOTHER'S MAIDEN N	AME	LAST
O SAMES OF		Henry J.	Waters	Emily	B.	Wilson
A STATE OF S	16a V	VAS DECEASED EVER IN U.S. ARMED FOR ES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DA	ATES)	1 . 4 . 4 . 4	ADDRESS	R+4, Bex 505,
BALTIMOI S AFFR D GIVE PAG GIVE PAG GIVE PAG PAGES 1 A		No	1217-36-20	06 Mrs. Margo	aret Potter	Easton Md
2 50≥€0		18 CAUSE OF DEATH (Enter only one co PART I DEATH WAS CAUSED BY:	use per line (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN OBJET AND DEATH
THIN 24 HO		IMMEDIATE CAUS	E(a) peuns	u		2 days
1 (Z 10) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			DUE TO, OR AS A CONSEQUENCE OF	. 0		1
1 The Part of 18 and 18	1 94	Canditians, if any, which gave rise to immediate	(b) Chrown B	som fina	come	Yours
× 9 × × ×		cause (a) stating the <u>under</u> lying cause last.	UE TO, OR AS A CONSEQUENCE OF			V
S EXX			(c) 14900D			Joans
DIVISION OF VITAL RECORDS, 101 S CERTIFICATE SHOULD BE EXECUTE RITHG THE WORD "PRIDING" IN ROPE TO THE CHE MEDICAL EX S SHOULD BE USED AS A BURIAL ED BARRYMENT OF HEALTH AND DIPLOR TO BURIAL CREMATION	-	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART I Id		
AND	9					
AL SERVICE AL	CERTIFICATION	190 DATE OF OPERATION	% CONDITION FOR WHICH OPERATI	ON WAS PERFORMED?		20 AUTOPSY?
CETTIFICATE SHOWING THE WORD TO THE WORD TO THE COURS SHOULD BE USE DRAWING TO BUSING	E	210 EXTERNAL CAUSE WAS 12	N. This continue			YES NO
TO THE PLANT OF THE PARTY OF TH			16. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	TIC HOW INJURY OCCURRED LEN	TER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2}
SON HOUSE	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			
NAME OF STREET	ME	WHILE IT NOT WHILE IT	THE PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	THE LOCATION STREET	CITY OR TOWN	COUNTY STATE
THIS WE AND A STATE OF TATE OF		AT WORK AT WORK				
AES AES		22s I certify that I taak charge of the r	emains described abave, held an	Autapsy , Inspection	Inquiry and	in my apinian
A PER		death resulted from: //Natural causes	Accident Suicide	e , Hamicide . Un	determined manner	,
EXAM CERTINA MITTANA MARY			11 000	TITLE (SPEGIFY)		1/12/00
MERAL MERAL MORE, N		SIGNATURE JONES	7- studing	_MD	MEDICAL EXAMINER	DATE 5/15/81
S S S S S S S S S S S S S S S S S S S	10	EXAMINER'S NAME	/			//
TO ME ERECUI PO POLE POLICE BALTER	-	TYPE OR PROV		ADDRESS		
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DHMH - 17	6	Com Klenn	ARIDRES OF LEVEL AT	25a. DATE REC'D	BY REGISTRAR 256 REGIS	TRARSSIGNATURO
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